| TRANSMITTAL O | Docket No. 04995/128001 | | | | | | | | |
|---|-----------------------------------|----------------|-------------------------------|--|--|--|--|--|--|
| In Re Application Of: Toshiaki IRIE | | | | | | | | | |
| Serial No. | Filing Date Herewith | Group Art Unit | | | | | | | |
| Title: COMPOSITE AUDIO-VIDEO APPARATUS | | | | | | | | | |
| Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 37 CFR 1.97(b) | | | | | | | | | |
| 1. The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114. | | | | | | | | | |
| | 37 C | FR 1.97(c) | | | | | | | |
| 2. The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: | | | | | | | | | |
| ☐ the stater | ment specified in 37 CFR 1.97(e); | ; | | | | | | | |
| _ | OR | | | | | | | | |
| ☐ the fee se | et forth in 37 CFR 1.17(p). | | | | | | | | |
| | | PAT | 22511 ENT TRADEMARK OFFICE | | | | | | |
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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR 1.97(b) or 1.97(c)) 04995/128001 In Re Application: Toshiaki IRIE Serial No. Group Art Unit Filing Date Examiner Herewith **COMPOSIT AUDIO-VIDEO APPARATUS** Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) ☐ A check in the amount of is attached. The Director is hereby authorized to charge and credit Deposit Account No. 50-0591 as described below. Charge the amount of Credit any overpayment. Charge any additional fee required. Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail I certify that this document and authorization to charge deposit I certify that this document and fee is being deposited account is being facsimile transmitted to the United States with the U.S. Postal Service on Patent and Trademark Office (F: as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. (Date) Signature of Person Mailing Correspondence Signature Typed or Printed Name of Person Signing Certificate Typed or Printed Name of Person Mailing Certificate *This certificate may only be used if paying by deposit account. Illishes Dated: Signature Jonathan P. Osha, Reg. No.: 33,986 ROSENTHAL & OSHA L.L.P. 1221 McKinney Street, Suite 2800 Houston, TX 77010 Tel: 713-228-8600 Fax: 713-228-8778 CC:

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

| Docket Number (Optional) | Application Number | | |
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| 04995/128001 | | | |
| Applicant(s) Toshiaki IRIE | | | |
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not considered. Include copy of this form with next communication to applicant.

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